

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-037651

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **596**

FILED OCT 22 1962

VS 300
Rev. 4/59

10109

26150

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9581.0

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122-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Columbia		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Surprise Beach		c. CITY OR TOWN Surprise Beach	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Univ. Medical Center		d. STREET ADDRESS (If outside, give location) Univ. Medical Center	
3. NAME OF DECEASED (Type or print) Thelma Ruth Newsam		4. DATE OF DEATH Month October Day 17 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-10-1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Illinois	
13a. FATHER'S NAME George I. MAN		14. NAME OF HUSBAND OR WIFE Arthur Newsam	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT Medical Records Univ. of Mo.		18. CITIZEN OF WHAT COUNTRY U.S.A.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest DUE TO (b) Hepatic and Renal Failure DUE TO (c) Cirrhosis of Liver			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept 10 to Oct. 17 and last saw her alive on Oct. 17, 1962 Death occurred at 6:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard R. J. MD.		22b. ADDRESS Columbia, Mo.	
22c. DATE SIGNED 10/17/62		23. LOCATION (City, town, or county) PEORA ILLINOIS	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED	23b. DATE 20 Oct 62	23c. NAME OF CEMETERY OR CREMATORY Swan Lake Cam.	
24. FUNERAL DIRECTOR KIDWELL FUNERAL HOME VERSAILLES, MO		25. DATE RECD. BY LOCAL REG. Oct 18, 1962	
26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

881 68 130

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. E. Dartman

Licensed Embalmer No. 4021

P. O. Address VERBENA, ID.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.